

Performance Analysis of the Quality Team at the Community Health Center of Binjai City

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Abstract

The quality assurance program has 3 components, namely standards, accreditation and continuous quality improvement using the management cycle in order to maintain and or improve quality. However, the weakness of the quality assurance system due to the application of standards has not become a culture for internal customers in carrying out services in accordance with service indicators set by the quality team at the time of accreditation. The purpose of the study was to analyze the performance of the Quality Team at the Binjai City Health Center in 2021. The research design used was qualitative with a descriptive approach. The research informants were 8 main informants and 2 additional informants. Data collection methods are primary, secondary and tertiary data. Data collection techniques were carried out by means of in-depth interviews and documentation. Data analysis techniques in this study are reduction, display and conclusion or verification. The results showed that education was not in accordance with the main duties and functions, lack of understanding of quality assurance, facility resources were optimal, the leadership style of the head of the puskesmas was not in accordance with the management function of the puskesmas, the team perceived that they were carrying out their duties in accordance with their main functions, the attitude of not wanting to make changes, limited human resources education, lack of continuous training, lack of teamwork, attention, two-way communication, and the absence of a post-accreditation mentoring team.

Keywords: Analysis, Performance, Quality Team

Introduction

Puskesmas (Community Health Center) is one of the first-level health service facilities in an area or part of a sub-district that functions as a gate-keeper in health services (Kemenkes, 2015). Various comprehensive, tiered and integrated health efforts, both provided by the government and the private sector, are organized to achieve the national health development goals. For this reason, Puskesmas as part of health services to the community must be of quality, guaranteed safety for both recipients and providers of service efforts, acceptable to the community, effective and appropriate and able to face global and regional challenges. At the same time, advances in science and technology make people's demands for quality health services increasingly high (Kemenkes, (2016).

In improving the quality of health services, there are 7 important categories for patients, including: Patient centered care, access, courtesy, communication and information, skills, efficiency and adequate facilities. These seven categories need to be improved and made in planning, implementation and evaluation to achieve service quality according to standards, besides that it is necessary to improve effective communication with patients so that

harmonious and flexible relationships are built in identifying problems and improving hospital/health facility performance to achieve quality. patient satisfaction-based services (Sofaer & Firminger, 2005). Internal and external customers and based on data in analyzing and improving processes. This means that in controlling sustainable quality as the expected output, it pays attention to the performance of internal customers (medical and non-medical officers) and external customer satisfaction (patients/families/general public, government, health insurance companies, leasing institutions, and others) (Widyaningsih & Kurniawan, 2019), so that the problems that occur in the service process can be measured. For the implementation of its duties and functions, puskesmas must carry out management effectively (good and correct implementation and quality and evidence based) and efficient (utilization of available resources), so that they can realize the performance targets that have been set (Kemenkes, 2016)

Methods

This type of research is a qualitative research with a descriptive approach. When viewed from the benefits or uses, this research is research carried out with the main aim of making an objective description or description of a situation (Sugiyono, 2010), with the semi-structured interview method, namely the type of interview that is included in the in-depth interview category which is recorded with a tape recorder which in its implementation is more free when compared to structured interviews (Sugiyono, 2013). In this study, the informants used were divided into 8 main informants and 2 additional informants.

Results and Discussion

Based on the characteristics of the main and supporting informants, they are as follows:

Characteristics of Informants

Table 1. Characteristics of Main Informants

Name	Age (yrs)	Gender	Education/ Employment	Position	Description
Mrs. YMB	49	Woman	S-1, PNS	Head of Puskesmas	01
Mrs W	47	Woman	S-1, PNS	Quality Representative	02
Mrs H	34	Woman	S-1, PNS	Secretary of Quality	03
Mrs. T	56	Woman	S-2, PNS	Tim Audit Internal	04
Mrs N	35	Woman	D-3, PNS	Complaint Management Team	05
Mrs E	56	Woman	S-2, PNS	Risk Management Team	06
Mrs. EG	51	Woman	D-3, PNS	Customer Satisfaction Team	07
Mrs S	37	Woman	S-1, PNS	PPI Management Team	08

The main informants are Ms. YMB, 49 years old, female with a strata 1 (S1) educational background in General Medicine, working as a civil servant with the position of Head of Public Health Center, W age 47 years, female gender with a strata 1 (S1) medical education background. General, working as a civil servant with the position of Quality Representative, W age 47 years, female gender with educational background of strata 1 (S1) General Medicine, working as a civil servant with the position of Quality Representative, mother H age 34 years, female gender with background education strata 1 (S1) Nursing, working as a civil servant with the position of Secretary of Quality, mother N age 35 years, female gender with educational background diploma (D3) Health Nursing, working as civil servant with the position of Complaint Management Team, mother E age 56 years , female gender with educational background of strata 2 (S2) Public Health, works as a civil servant with the position of Risk

Management Team, mother EG 51 years old, female gender with educational background in Dental Nursing diploma (D3), working as a civil servant with the position of Customer Satisfaction Team, Ms. S age 37 years, female gender with educational background strata 1 (S-1) Nursing, working as a civil servant with the position of the PPI Management Team.

Table 2. Characteristics of Additional Informants

Name	Age (hn)	Gender	Education/ Employment	Position	Ket.
Mrs. J	39	Woman	SMA, House Wife	Patient	09
Mother A	38	Woman	SMA, House Wife	Patient	10

Additional informants are Mrs. J, age 39, female with a high school education background and a patient, Mrs. A, age 38, female with a high school education background and a patient.

In-depth Interview Results from Key Informants

The results of in-depth interviews conducted with eight key informants regarding the Performance of the Quality Team of the Binjai City Health Center, which are presented in a matrix form in the table below:

Table 3. Matrix of Main Informant Answers Educational Analysis on Quality Team Performance

Education		
Inf	Sub	Interview Results
01	<i>Education</i>	"Education affects a person's mindset of reason, but due to lack of education that is in accordance with management, they must be trained."
02	<i>Education, experience and training</i>	"Education is very influential, competence affects mindset, reason to solve problems and solutions, with experience and training enough to help "competence with practice is enough. Training should be every year never. Strengthen and evaluate the work team.
03	<i>Education, experience and training</i>	"it has an effect. education must be in accordance with the main functions. work. now the implementation is not appropriate. the education is not appropriate. In the end there is inequality. the performance results may be lame... experience from which we continue from our accreditation. appropriate education. Yes, if there's no one, I have to work. I'm not trained. I'm usually trained. Close to the head of the puskesmas."
04	<i>Education, experience and training</i>	Influential. education is high, the reasoning is wider. the education is high, the experience is more, the better. appropriate education is good. at the education health center which is here but he was placed. because of lack or something. training. Never. need to be held training to be more in-depth
05	<i>Education, experience and training</i>	very influential. higher education makes reasoning and finding solutions to problems easier. related to our main tasks. experience certainly supports this task team... education doesn't

		matter who is in the team, only if there is more solid training. Never
06	<i>Education, experience and training</i>	influential but because the average health education has something to do with quality management, experience also supports this especially if there is further training of course it adds insight to this team. Nothing else. Especially for risk management. it's good if given special training we better understand and understand what is our main task, right so far we have never been trained
07	<i>Education, experience and training</i>	I think education is sufficient for this team, especially since we are on average health education, but training is needed to support the quality of risk management services.
08	<i>Education, experience and training</i>	Be influential,, the higher our education, the more broad our horizons.. we were chosen not based on education.. we were told by our leaders to do what is not in accordance with our education, we will do it too.. it is better if the education is appropriate if there is no education appropriate that's actually what we were trained to do.. actually there is no problem ooo, we just add more workload.. specifically to improve the performance of the PPI team, there is no

Based on the results of in-depth interviews related to the analysis of education on the performance of the quality team, it can be concluded that education increases the power of reasoning, mindset and responsiveness in solving problems and finding solutions to any problems related to their work, even though education is not in accordance with the main tasks and functions but with training and experience it can help the quality team to understand their work in carrying out the work as part of the quality team.

Table 4. Matrix of Answers of Informants Main Analysis of Knowledge on Quality Team Performance

Knowledge		
Inf	Sub	Interview Result
01	<i>quality assurance</i> <i>Pre-accreditation quality</i> <i>post-accreditation quality</i> <i>the creation of a quality team</i> <i>Five-yearly planning</i>	<p>"how is the quality of our services to patients... whether what, the outputs and inputs...there is a team that processes it...the quality team of the health center...regulates the RUK, RPK"</p> <p>"accompanied by the accreditation team from the service... 3 months before accreditation... that's not always the case"</p> <p>"Quality management meeting..once a month.... Reports.. the program manager... that's where we process it". "should be once every 2 weeks".. the quality team because they don't understand the main duties and responsibilities.. busy".. has not worked optimally.. Meetings are rare.. in a pandemic situation.. discuss through wa gru..3 months before accreditation</p> <p>".. Puskesmas accreditation.. the target is.. the minimum service standard (SPM), and how far are we actually achieving"...</p> <p>"Making a 5-year plan... proposing a program... we will coordinate the priority of the puskesmas with the office"</p> <p>"So far, we have held meetings, what are the obstacles, what should we do in the future, what should we do in the future?"</p>

	<p><i>Customer satisfaction survey</i></p> <p><i>Performance Indicators</i></p> <p><i>Performance monitoring</i></p> <p><i>Constraints</i></p> <p><i>Improvement efforts</i></p>	<p>"SPM"</p> <p>"SPM".." the commitment of the quality team is still lacking in carrying out its main tasks"</p> <p>"The quality team itself doesn't understand what it's like to work"...".." It encourages each of us to know our function first"</p> <p>"Work optimally so that our SPM is achieved"</p>
02	<p><i>quality assurance</i></p> <p><i>Improvement efforts</i></p> <p><i>5-year planning</i></p> <p><i>Roles and responsibilities</i></p> <p><i>-Pre accreditation</i></p> <p><i>-post accreditation</i></p> <p><i>Constraints</i></p>	<p>Patients receiving health services must comply with operational standards</p> <p>"services must be in accordance with competence.. increasing human resources... coordinating with the leadership.. Sometimes</p> <p>coordinate and analyze and find solutions..Ever coordinated the head of the audit team to report findings.. continue leadership or through meetings... forwarded to program managers or shared in wa group</p> <p>Meeting during accreditation</p> <p>after accreditation it seems like never</p> <p>lack of commitment to the task... busy... lack of monitoring</p>
03	<p><i>quality assurance</i></p> <p><i>Improvement efforts</i></p> <p><i>5-year planning</i></p> <p><i>Roles and responsibilities</i></p> <p><i>Pre accreditation (assignments and escort team)</i></p> <p><i>-post accreditation (duties and companion team)</i></p>	<p>"the way we serve the patient when he wants to go to the puskesmas for treatment... the comfort of a patient"</p> <p>Our commitment is with our fellow human beings. sit at one table</p> <p>Never.. a formality..but 5 years ago it was taken again"</p> <p>prepare all the documents... check and we submit to the management representative.. we disseminate it to other polyclinic units</p> <p>when we did the accreditation, we reprimanded it... it didn't actually happen, that's our job... to guide us but to guide us is also not optimal</p> <p>We didn't carry out the activity... we walked in the same place as we were before accreditation, yes, yes, it's still being implemented. ... Mentoring no longer exists... controlled... we consider it an assessment ... we automatically work by ourselves .. Mentoring no longer exists</p> <p>we don't even have coordination.. remind each other.. lack of cooperation with the quality team... the quality team doesn't pay attention... the head of the puskesmas himself doesn't even pay attention.. the head's appreciation is not enough for us.. giving rewards</p>

	<i>Constraints</i>	
04	<p><i>quality assurance</i></p> <p><i>Improvement efforts</i></p> <p><i>5-year planning Roles and responsibilities</i></p> <p><i>-post accreditation (assignments and guidance team) Constraints</i></p>	<p>it's good, but there must be a commitment from all the staff and also the head of the health center at the puskesmas, because that's for the improvement of the puskesmas going forward... the quality that is applied in this puskesmas, I don't understand either It's slow.. it's a bit backward.. there has been no improvement at all.. commitment from the head office.. the application above is above when the staff is committed, the staff will follow Never, it's necessary.. the advantages are maintained and the disadvantages are minimized</p> <p>as an auditor, yes, every 3 months.. everything that is audited must be reported to the head of the puskesmas to the quality representative for accreditation.. do an inspection... do an interview with the data.. there is a national format..</p> <p>shook his head (no feedback from the head office)</p> <p>Support (attention) from superiors is lacking.. we invite them to carry out,.. they feel we are equal... less appreciated.. lack of commitment from the superiors of the head of the puskesmas and head of the service.. compactness, cooperation,, coordination, commitment every staff,, I've never seen such a reprimand</p>
05	<p><i>quality assurance</i></p> <p><i>Improvement efforts</i></p> <p><i>5-year planning Roles and responsibilities</i></p> <p><i>Pre accreditation (assignments and escort team) -post accreditation (duties and companion team)</i></p>	<p>we make the patient comfortable from the start until he comes home and are satisfied with his service as long as we serve him at the puskesmas</p> <p>there are no more quality improvement activities at the puskesmas such as meetings... There should be coordination... carrying out the main tasks and functions</p> <p>Never.. important because this concerns the quality of service and all the interests of the patient and the comfort of the patient as well</p> <p>receive reports of complaints both verbally and in writing, conduct a review, identify problems,, confirm with related parties.. coordination meetings.. make recommendations to leadership.. submit decisions. leader...</p> <p>There are...2017.. they guide... assist us or the way we deal with accreditation.. the results of patient complaints are reported to the quality team while still being accredited and looking for the right solution</p> <p>After the completion of the accreditation, there is no more... It's never been evaluated again.. there will be a minilog of monthly meetings... only the regular meetings are chaired by the head of the office.. there is a lack of commitment and monitoring and no more meetings have been held since the accreditation and if the</p>

	<p><i>Improvement efforts</i></p> <p>5-year planning</p> <p><i>Roles and responsibilities</i></p> <p><i>Pre accreditation (assignments and escort team)</i></p> <p><i>-post accreditation (duties and companion team)</i></p> <p><i>Constraints</i></p>	<p>post-accreditation quality improvement is getting better and more satisfying... accepting input from our own team</p> <p>Get involved</p> <p>coordinate so that they can carry out their duties better</p> <p>give coins to patients during treatment, put in the satisfied and dissatisfied box</p> <p>the accreditation assistance team that accompanies us to help do or solve a problem in this customer satisfaction eee .. very helpful because they will help when providing solutions for preparing accreditation documents</p> <p>brought to the meeting but not too focused on customer satisfaction services because in the minilog meeting there were many other problems... after the 2017 accreditation and there was no solution... we immediately reported to the head of the puskesmas what were the results and what obstacles we faced with customer satisfaction... if we we often meet together so we understand the problems or problems of customer satisfaction.. During 2017 our first accreditation never held a meeting at all.. at the meeting there was never a solution.. never heard of it (accreditation assistance team)</p> <p>the queue was too long and in a hurry so when we gave the coin he didn't have time... we find it difficult to determine a schedule to meet with our team to discuss what we want to discuss.. we have shifts.. if not, let's feel like it's not their responsibility.</p>
08	<p><i>quality assurance</i></p> <p><i>Improvement efforts</i></p> <p><i>5-year planning</i></p> <p><i>Roles and responsibilities</i></p>	<p>guarantee the comfort, safety and satisfaction of the patient from the time he registers until he goes home ..we guarantee that the patient is not infected he feels comfortable and well done</p> <p>indeed there is a slight improvement.. there is a PDCA accreditation system, but here there are only a few PDCA. Only 2 items that we do, namely just do and report but are not monitored or checked and evaluated again.. just independent searching-searching the internet asked other puskesmas officers, what are the main functions of the PPI</p> <p>no yes</p> <p>Preparing... planning to implement the work program from the PPI.. we can't follow up on what they did because it was not reported.. To avoid mistakes, we socialize to implement patient safety goals so that each one who is on duty in vital places such as registration or pharmacies The most emphasized thing is that we can all work together to reduce the occurrence of infections in the puskesmas. There is no such thing... if there is a patient who has a cough, we will separate the seats.</p> <p>we have an accreditation companion team, when approaching the 2017 accreditation there comes every month from the</p>

<i>Pre accreditation (assignments and escort team)</i>	service... before accreditation they provide guidance every month to provide input there is not enough time or how to unite for a meeting.. the mini log is only about puskesmas programs, right Not yet available (PPI indicator)... after accreditation that no longer exists,
<i>-post accreditation (duties and companion team)</i>	the difficulty is that there is no report for each polic.. the management team is less active in following up reports in making up for the collection of reports from each poly...the lack of understanding of all staff is that accreditation and tupoksi are an integral part, not separate things.. the head of the department also considers accreditation in quality improvement to be left to its members when in fact it is not because he is the driver of everything and the holder of policy
<i>Constraints</i>	

Based on the results of in-depth interviews related to knowledge analysis, it can be concluded that the head of head office and the quality team's knowledge of quality assurance at the puskesmas still do not really understand what quality assurance is. Each team already knows their roles and responsibilities according to their main duties and responsibilities. During the accreditation period, the quality team runs according to its role because there is a mentoring team, but after the accreditation is complete, the mentoring team no longer monitors it. Constraints on the performance of the quality team not being optimal are the lack of cooperation, commitment, support, coordination between the head of the puskesmas and the quality team, between fellow quality teams, the absence of sanctions if the quality team does not work optimally, the head of the puskesmas relinquishing responsibility from the quality team, the customer satisfaction team : patients sometimes do not have time to choose satisfaction coins, there are no infection prevention and control reports from the poly.

Table 5. Matrix of Key Informants' Answers Analysis of Funding Resources on Quality Team Performance

Resources		
Inf	Sub	Interview Results
01	<i>HUMAN RESOURCES, funds and facilities</i>	HUMAN RESOURCES still do not understand, funds have been provided and facilities are adequate
02	<i>SDM</i>	Human resources for this quality are lacking because we are usually in our comfort zone.
03	<i>Dana</i>	the resources of the funds if I think adequate HUMAN RESOURCES are adequate
04	<i>HR and Facilities</i>	The HR is very supportive anyway. The facilities are still worth it.
05	<i>HR and Dana</i>	It is adequate in terms of funds and human resources.
06	<i>HR and Dana</i>	it is adequate for human resources and funds
07	<i>HR and Dana</i>	HR supports in what costs we spend
08	<i>HR and Facilities</i>	puskesmas resources for adequate human resources, this is currently no solution, especially for the disposal of medical waste. not yet adequate criteria-riteia room for waste disposal

Based on the results of in-depth interviews related to the analysis of resources, it was found that HR understands their duties, adequate financial resources, and facilities are still not optimal, especially in the treatment of medical waste.

Table 6. Key Informant Answer Matrix Analysis of Leadership Style on Team Performance Quality

Leadership Style		
Inf	Sub	Interview Results
01	<i>Role</i>	Pay attention to the performance of SPM all my members in order to be judged how performance results
02	<i>Role</i>	There has to be a push on us... If the capus pays attention... impact on performance. After the accreditation is completed, the leader... not yet monitoring performance
03	<i>Role</i>	Who is close to the head of the health center that is generally trained... We're protesting... Not responded to... The head of the health center is not attentive... Authoritarian it seems. We're just monotonous. It's a win. Without ever going down to us. Speaking from heart to heart. It's like you're working alone. I work alone. the leadership pattern of a health center head with us as a work team must encourage or encourage
04	<i>Role</i>	The influence is actually huge. Dominant... It's not authoritarian that it's easy to propagate. Not a very bad criticism... many aides so that the presenter becomes wrong,,, the staff who criticize for example will immediately call to be clear. Two-way communication is not one-way only.
05	<i>Role</i>	must support, monitor the performance of the quality team. I don't think there's any cooperation between us.
06	<i>Role</i>	The head of puskesmas acts as the head of our health center as a management team. In writing or by license not (monitoring of kapus). Further to the excitement of this quality team, it's just that understanding or how this quality team is not re-promoted seems to want new accreditation form again,
07	<i>Role</i>	leaders support us in all matters of satisfaction as we did in the first accreditation of 2017
08	<i>Role</i>	lack of coordination, monitored especially the PPI team

Based on the results of in-depth interviews related to the analysis of leadership styles seen from the role of the head of the puskesmas being less encouraging, less attentive, less monitoring, less cooperative in monitoring the performance of the quality team.

Table 7. Matrix of Key Informants' Answers Analysis of Perceptions of Quality Team Performance

Perception		
Inf	Sub	Interview Results
01	<i>Assignment</i>	A leader must monitor the performance of all quality teams and staff at the health center.
02	<i>Assignment</i>	Every coordinator of the quality team and its members has the task of tupoksi... They found a problem and then they talked to me.

03	<i>Assignment</i>	I wait for ee what is assigned by my quality representative is just waiting
04	<i>Assignment</i>	Even though I've never been trained. how the internal audit that we actually carry out is already that we make reporting
05	<i>Assignment</i>	report all patient complaint incidents to the quality team
06	<i>Assignment</i>	New can do in accordance with their respective tupoksi so each wants to do the tupoksinya because there can not be a commitment... The team must commit to each other,
07	<i>Assignment</i>	by reporting the results of our work to the leadership
08	<i>Assignment</i>	done yes in accordance with the PPI team but indeed in its implementation in lapngan has not been as expected

Based on the results of in-depth interviews related to the analysis of perceptions of performance, it can be concluded that the head of the puskesmas and the quality team carry out their duties according to their main duties and responsibilities and report the findings to the quality representative or the head of the puskesmas.

Table 8. Key Informant Answer Matrix Attitude Analysis on Quality Team Performance

Attitude		
Inf	Sub	Interview Results
01	<i>Assignment</i>	I continue to coordinate with all staff and quality teams at the health center.
02	<i>Assignment</i>	I coordinate with the pimpina... Unencumbered yes... Less committed to the task. We are usually in our comfort zone.
03	<i>Assignment</i>	I don't like having to work and coordinate with them. We also worked as long as it was... Not a burden either.
04	<i>Assignment</i>	We're making the real thing. We know what weaknesses we have to fix... They feel like we're the same.
05	<i>Assignment</i>	We feel responsible for doing it after no more judgment. Burdens too. Our workload is increasing... It's not heavy.
06	<i>Assignment</i>	Need to work well together fellow members of the risk management team... It works as much as the officers... The quality team was formed at the time of accreditation
07		We know it's our responsibility. They don't think it's their responsibility.
08	<i>Assignment</i>	we support what in increasing PPI work but because it is busy with each task, so neglected in the report, evaluation, work program of PPI

Based on the results of in-depth interviews related to the analysis of attitudes towards the performance of the quality team, it can be concluded that the attitude shown by the head of the puskesmas is the attitude of accepting his duties as the head of the puskesmas, the quality team is less aware of their duties and lacks cooperation, assumes that there is no assessment then the task is completed, works according to the team's ability or surrender to the situation and do not want to make changes.

In-depth Interview Results Additional Informants

The results of in-depth interviews conducted with 2 additional informants regarding the Performance of the Quality Team of the Binjai City Health Center, which are presented in a matrix form in the table below:

Table 8. Matrix of Additional Informants' Answers on Quality Team Performance

Quality Team Performance		
Inf	Sub	Interview Results
09	Quality of service	It's been good ma'am
10		I'm good service.
09	Registration until completion	The room is too narrow.
10		indeed queuing still queuing yes I see good kok queue is good, mm yes because the space is narrow that I see it is a bit of a place less this
09	Attitudes from health workers	I've been good
10		Doctors attitude I see good, friendly can he consulted, nurses same pharmacists there are no obstacles
09	Complaint box	Ada Dok Never docked Sometimes the dock
10		The box is there. Never made a complaint. No advice If that person yes we do not need to be asked but it is already there is a place eee reading. Never
09	Constraints	There are no dock constraints, just the waiting room is a bit narrow, he wants this... Somewhat widened a little... We have no more distance.
10		I don't know that at that table to take the queue number. Never
09	Suggestion	widened anyway dock the waiting room and place, there is a newspaper fan that will be good to wait for the readings that doc.
10		If it can be improved again about his health, this room space. there is hospitalization, if it can if there is contrived so we will not if to the health center there we will not bother to the big hospital that is

Based on the results of in-depth interviews related to the performance of the quality team that the quality of service at the puskesmas is good, the registration service process until going home is good, the attitude of the officers has empathy for the patient, the puskesmas has provided a satisfaction box but patients rarely enter their choice into the satisfaction box because the officers are still lacking role in inviting the patient to put a coin into the satisfaction box. The obstacle at the puskesmas is the physical condition of the puskesmas, namely the waiting room is too narrow and the patient does not understand the queuing system at the puskesmas. Patients have hopes or suggestions that the physical condition of the puskesmas can be immediately overcome, especially for patients queuing for registration and waiting for doctors to be separated, providing air conditioning devices such as fans, providing reading facilities in the waiting room and increasing the type of puskesmas to inpatient.

Education is a person's basis for preparing the competencies obtained in formal or informal processes to get a job in the future. Education reflects the level of maturity to complete a job and education determines a person to occupy a position. But not all of the same education get the same position in an agency or organization. This will have an impact on the achievement of one's work or performance in achieving the goals of the position he holds. According to Hasibuan and Nedler's theory, education can be used as a reference to place employees in certain positions according to their positions. In line with research conducted by do Karim, et

al (2020) The placement of employees based on the level of education must be in the right position between the level of education and the type of work, so that employees are more motivated to improve performance, so that employees can develop and be more creative.

Knowledge relates to the limits of a person's ability to find information regarding the work he currently controls in the organization. A person or employee who already knows about work patterns, then he will be easy to carry out his roles, duties and responsibilities (Adamy, 2016).

Funds are one aspect of purchasing the needs of the puskesmas facilities and infrastructure to improve the performance of the quality team in carrying out their main duties and responsibilities. Sources of funding for puskesmas can come from the APBN, APBD and other sources. These sources of funds can be used to improve puskesmas management through the provision of supporting facilities from the puskesmas management team, such as making customer satisfaction boxes, signs for rooms and so on.

Leadership style is the behavior or method used by the leader to influence his subordinates so that the goals of the leadership style are achieved in the sense that every leader has a way to take the organization he leads, and subordinates will follow in accordance with the direction of his leader. Based on the main tasks of the head of the puskesmas it is related to the management principle of the puskesmas that implementing the management principle of the puskesmas is related to planning, implementation, monitoring and evaluation.

Perception is related to the point of view of a person who can examine a stimulus or information that involves a person's condition and the results are not the same for everyone. According to Hartono's theory, the factors that influence perception are personal factors including motivation, personality and experience. The theory illustrates that a person's motivation is good for his duties and roles, so he will perceive that his work is good, personality refers to the attitude to accept his duties so he perceives his work is good and experience regarding accreditation, both officers or the quality management team perceives his work to be good.

Attitudes are formed from the condition of knowledge that can be reflected in their response to receive or not receive information in accordance with their understanding of the information, and when they receive information, it is reflected in their actions. According to Sinamo's theory that there are 8 paradigms of work behavior, namely (a) sincere work, (b) thorough work, (c) right work, (d) hard work, (e) serious work, (f) creative work, (g) performs excellently, and (h) works flawlessly.

Conclusion

The education of the quality team is not in accordance with the main task of placing the task as a quality team because of the limited education that is in accordance with management in filling the position of the quality team of the puskesmas. Knowledge of the quality team is limited to their duties and roles at the time of accreditation, there is an assumption that the management team is only limited to providing services and patient satisfaction. The health center already has funding sources from JKN and APBD funds. The funds provided focused on facilities and infrastructure but did not pay attention to providing rewards for the quality team themselves as motivation so that the team could work optimally in accordance with their duties. Analysis of leadership style seen from the role of the head of the puskesmas was less encouraging, less attentive, less monitoring, less cooperative in monitoring the performance of the quality team of the head of the health center in carrying out its role in accordance with the management function of the health center is still not optimal, the perception of the quality team by carrying out its duties in accordance with its main tasks and the quality management team perceives that in carrying out its roles and duties it must comply with the operational standards

of the quality team in accordance with a decree from the head of the health center. However, in its application the quality team does not coordinate with the head of the puskesmas and lacks firmness from the leadership towards other health workers to carry out their obligations to comply with the quality team if the team requires data for each report from the poly and other rooms. The attitude of the quality team is less aware of their duties and lacks cooperation, assumes that there is no assessment then the task is completed, works according to the ability of the team or surrenders to the situation and does not want to make changes. The quality management team is unwilling to make changes related to.

Suggestion

It is expected that the head of the puskesmas will make team work, play a role in every implementation of puskesmas management, and carry out a leadership style that can influence subordinates to work optimally.

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